Planning for ...
California's Health Care Future

OSHPD

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

Healthcare Information Resource Center

Data File Documentation for
Annual Utilization Report of Specialty Care Clinics

For Calendar Year

1997

ANNUAL UTILIZAT ION REPORT OF SPECIALTY CARE CLINICS FOR 1997

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1997 SPECIALTY CARE CLINIC UTILIZATION

GENERAL INFORMATION

The Office of Statewide Health Planning and Development (OSHPD) annually produces this data file which contains 45 elements of utilization data from the *Annual Utilization Report of Specialty Care Clinics* (*AURSCC*). The data file includes utilization information from reports filed by California's licensed specialty care clinics. OSHPD staff reviews each report for correctness and completeness. OSHPD contacts clinic staff when data reported appear incomplete or do not conform to established edits. If necessary, corrections are made to the data in consultation with the clinic staff. Once the review process for all reports has been completed, the database is closed and made available to the public. The data file contains data from the 1997 calendar year: January 1, 1997 – December 31, 1997.

This documentation includes a description for each data element (field). Because most fields names are based on the page, line, and column coordinates from the reporting form, it may be helpful to review the blank copy of the *Annual Utilization Report of Specialty Care Clinics - 1997* reporting form which is included as Appendix B. Those field names based on the reporting form coordinates begin with a "P", followed by a 2-digit page number, 2-digit line number and 2-digit column number. To view the instructions provided to the clinics for completing the reporting form, go to the OSHPD website at: http://10.1.2.50/hid/infores/clinic/util/index.htm#Instructions.)

Number of Specialty Care Clinics and Data Fields

There are 586 clinics included in this data file. Each line (row) represents one clinic. There are 44 data fields that contain reported information from licensed Specialty Care Clinics.

Importing Notes

Clin99s1.txt data file is formatted as a comma-delimited text (TXT) file for use in spreadsheet and database applications. SAS and other statistics programs can also read the data file. Most spreadsheet or database programs require that you import files through their import routines. We suggest that you review your software's import features before you double-click the TXT files in this package. (Double-clicking a TXT file with Windows Explorer, for example, will only result in Wordpad or Notepad automatically opening the file. TXT files must be imported into your spreadsheet or data base application). If you are having difficulties processing the TXT file format, please review the Readme.txt guide that is included in this package. If you continue to have problems, contact a technical representative at Healthcare Information Resource Center (HIRC) at (916) 322-2814. Be aware that the OSHPD staff can only answer technical data questions. You must contact the software company's technical support service regarding operation of your software.

1997 SPECIALTY CARE CLINIC UTILIZATION

DATA FIELD NAME AND FIELD DESCRIPTION LAYOUT

Field Types and Notes

Note the table format below is used for the Data file Specifications (Table A), beginning on next page:

Item Number   The data fields are sequentially numbered. To look-up the field definitions in **Table B**, you must use this **Item Number** from **Table A**.

Column   Displays the spreadsheet column the data field will be located after importing the data file.

Field Name   The header row has field names that display the respective input document coordinates (page, line and column numbers) from the *Annual Utilization Report of Specialty Clinics.* All field names for reported data begin with a constant "P" followed by 2-digit page, 2-digit line and 2-digit column coordinates. For example, the number of "Unduplicated Patients," is entered by the clinic report preparers on page 2, line 19, column 1. Its field name is "P021901".

Description   Contains a brief description of the data field. See Table B for field definitions.

Field Size   Displays the maximum field size.

TABLE A
SPECIALTY CARE CLINIC UTILIZATION
DATA FILE SPECIFICATIONS FOR 1997
File (clin97s1.txt)

Item No.	Column	Field Title	Description	Maximum Field Size
Facility Information				
1	A	OSHPD_ID	Facility Identification Number	9
2	B	COUNTY	County Number	2
3	C	PERMID	OSHPD Permanent ID Number	4
4	D	LICTYPE	LFS License Type	1
5	E	LICDATE	LFS First Licensed Date	8
6	F	LSTAT	LFS Status Code	1
7	G	LSTATDT	LFS Status Date	8
8	H	OSTAT	Open Status Code	1
9	I	OSTATDT	Open Status Date	8
10	J	DBAName	Facility Name DBA (on 12/31)	50
11	K	DBAAddr	Facility Address (DBA)	30
12	L	DBACity	Facility City (DBA)	20
13	M	DBAZip	Zip Code (DBA)	10
14	N	MLAttn	Facility Attention (Mailing Address)	30
15	O	MLAddr	Facility Address (Mailing Address)	30
16	P	MLCity	Facility City (Mailing Address)	20
17	Q	MLState	State (Mailing Address)	2
18	R	MLZIP	Zip Code (Mailing Address)	10
19	S	HSA	HSA (Health Service Area) Codes: 01-14	2
20	T	HFPA	HFPA (Health Facility Planning Area) Codes: 0101-1424	4
21	U	COMPSTAT	Computed Status Code	3
22	V	P000103	Report Status	2
23	W	P010301	Phone Number	10
Dates of Operation				
24	X	P020101	Dates of Operation: From (CCYYMMDD)	8
25	Y	P020102	Dates of Operation: Through (CCYYMMDD)	8
Patients and Encounters				
26	Z	P021901	Total Number of Patients (unduplicated)	7
27	AA	P021902	Total Number of Encounters	7
Surgical Clinics				
29	AB	P022601	Number of Surgical Operating Rooms	2
30	AC	P022701	Surgical Operations Performed	5
Psychology Clinics - Numbers of Encounters by Service Type				
31	AD	P022801	General Medical	7
32	AE	P022901	Substance Abuse	7
33	AF	P023001	Mental Health Counseling	7
34	AG	P023101	All Other	7

Item No.	Column	Field Title	Description	Maximum Field Size

Major Capital Expenditures

Acquisitions over $500,000

35	AH	P030101	Market Value	8
36	AI	P030102	OSHPD Project Number	10
37	AJ	P030104	Acquisition Means	1

Projects over $1,000,000

38	AK	P032101	Projected Total Capital Expenditure	9
39	AL	P032102	OSHPD Project Number	10
40	AM	P032201	Projected Total Capital Expenditure	9
41	AN	P032202	OSHPD Project Number	10

Financial Data for Calendar Year

42	AO	P032301	Total Charges for all patients and 3rd Party Payers	8
43	AP	P032401	Other Income (Revenue)	8
44	AQ	P032501	Total Operating Cost	8
45	AR	P032601	Net Operating Income (Revenue)	9

TABLE B
SPECIALTY CARE CLINIC UTILIZATION
DATA FIELD DEFINITIONS FOR 2000
Data File (clin97s1.txt)

DATA FIELD DEFINITIONS

This section contains the definitions of the data items, listed by Item Number, as established in column one of the Data File Specifications table, above.

SPECIALTY CARE CLINIC UTILIZATION
DATA FIELD DEFINITIONS FOR 1997
Data File (clin97s1.txt)

Data item No. Name	Definition
1. **OSHPD_ID**	A nine-digit facility identification number assigned by OSHPD for reporting purposes.
2. **County Number**	The number of the county in which the facility is located. There are 58 counties in California. (See Appendix A)
3. **OSHPD Permanent ID Number**	A permanent four-digit facility identification number assigned by OSHPD for internal use.
4. **LFS License Type**	A one-digit numeric code describing the facility's license type: 3=ABC (Alternative Birth Center) 7=Chronic Dialysis 4=Psychology 8=Rehabilitation 6=Surgical
5. **LFS First License Date**	An eight-character code denoting the date of the first license for a facility.
6. **LFS Status Code**	A one-character code denoting the status of a licensed facility: Blank=License in Operating Status C=Closed S=License in Suspense
7. **LFS Status Date**	The date the facility either closed or went into suspense.
8. **Open Status Code**	A one-character code denoting the availability of a licensed facility (Blank = use status from LFS Status Code, 0=A previous suspended license has been reactivated.)
9. **Open Status Date**	An eight-character text code denoting the date of a facility's opening.
10. **Facility Name (DBA)**	Name under which the facility is doing business as of December 31
11. **Facility Address (DBA)**	The street address where the facility is doing business.
12. **Facility City (DBA)**	The city where the facility is doing business.
13. **ZIP code (DBA)**	The zip code where the facility is doing business.
14. **Facility Attention (Mailing Address)**	A specific person who should receive any mail pertaining to the Clinic Utilization Reports.
15. **Facility Address (Mailing Address)**	The mailing address of a facility. It may be different than the street address of a facility's DBA information (P.O. Boxes, Corporate Office, or Consulting Firms).
16. **Facility City (Mailing Address)**	The city where the facility mail is delivered.
17. **Facility State (Mailing Address)**	The state where the facility mail is delivered.
18. **Facility Zip Code (Mailing Address)**	The zip code where the facility mail is delivered.
19. **Health Service Area (HSA)**	A geographic area consisting of one or more contiguous counties designated by the Federal Department of Health and Human Services for health planning on a regional basis. There are 14 HSAs in California. A two-digit numeric code (range 01 – 14) denotes the HSA where the facility is located.
20. **Health Facility Planning Area (HFPA)**	A geographic area which is a subdivision of a Health Service Area (HSA). These areas are defined by the Office of Statewide Health Planning and Development (OSHPD) and are used to facilitate the use of HSAs. A four-digit numeric code (range 0101 – 1424) denotes the HFPA where the facility is located.
21. **Computed Status Code**	A maximum three-character code that combines information from the LFS First Licensed Date, the LFS Status Code and Date, and the Open Status Code and Date: C=Closed during current calendar year K=Consolidated during current calendar year NO=New (licensed this calendar year), Operating in 12/31 NS=New (licensed this calendar year), in Suspense on 12/31 NC=New (licensed this calendar year), Closed on 12/31 NSM=New (licensed this calendar year), in Suspense during the year, operating on 12/31 OA=Operating all year SA=In suspense all year SB=In suspense on January 1, Operating on December 31 SE=Operating on January 1, in Suspense on December 31 SM=Operating on 1/1 & 12/31, in suspense for a period during the year SBE=In suspense on 1/1 and 12/31, License reactivated for a period during the year

SPECIALTY CARE CLINIC UTILIZATION
DATA FIELD DEFINITIONS FOR 1997
Data File (clin97s1.txt)

Data item No. Name	Definition
22. **Report Status**	A two-digit numeric code denoting the status of the utilization report: 01=License in suspense all year; no report required 02=License in suspense, data reported 03=License in suspense, non-responder 04=Clinic closed this calendar year, data reported 05=Clinic closed this calendar year, non-responder 06=Licensed, but not in operation 07=Clinic open, data reported (most Clinics) 08=Clinic open, non-responder 09=Clinic open, partial year data reported (change of ownership) 10=Clinic open, report a combination of data from 2 (or more) owners 11=Closed this calendar year, data unavailable 12=New; first licensed this calendar year, data reported 13=New; first licensed this calendar year, non-responder
23. **Phone Number**	The main business phone number of the facility.
24. **Dates of Operation: From (CCYYMMDD)**	An eight-digit numeric code (the first half of a data item) that reveals a period in a year that a facility was open. This field will have an entry if the agency was newly licensed, closed, or went into suspense during the reporting year (e.g., if an agency was licensed on 1/1 or after or was delicensed (closed) on 12/31 or before). Date Example: January 25, 1997, would appear as 19970125.
25. **Dates of Operation: Through (CCYYMMDD)**	An eight-digit numeric code (the last half of a data item) that reveals a period in a year that a facility was open. This field will have an entry if the agency was newly licensed, closed, or went into suspense during the reporting year. Date using example of prior data field: November 30, 1997, would appear as 19971130.
26. **Total Number of Patients (unduplicated)**	Patient = Individual who has had one or more encounters during the calendar year.
27. **Total Number of Encounters**	In general, a face-to-face contact between a patient and a provider of health care services who exercises INDEPENDENT JUDGEMENT in the provision of health services to the individual patient. For a health service to be defined as an encounter, the provision of the health service MUST BE RECORDED in the patient's record.
28. **Surgical Clinics: Number of Surgical Operating Rooms (on 12/31**	Total number of surgical operating rooms in a facility as of December 31.
29. **Surgical Operations Performed**	Surgical operation = One patient scheduling regardless of the number of procedures performed during a single surgical scheduling.
30. **Psychology Clinics, Number of Encounters by Service Type: General Medical**	Primary care services for acute and chronic diseases and conditions that do not fall into any other category.
31. **Psychology Clinics, Number of Encounters by Service Type: Substance Abuse**	Services involving alcohol and drug abuse, such as counseling, education, evaluation, and treatment, etc.
32. **Psychology Clinics, Number of Encounters by Service Type: Mental Health Counseling**	Services of a psychologic, socio-psychologic, or crisis-intervention nature.
33. **Psychology Clinics, Number of Encounters by Service Type: All Other**	Services that do not fall into any of the above categories.
34. **Major Capital Expenditures, $500,000+: Market Value**	Purchase price of diagnostic or therapeutic equipment acquired by the facility during the calendar year.
35. **Major Capital Expenditures, $500,000+: OSHPD Project Number**	Eight-character alphanumeric OSHPD project number issued by OSHPD's Facilities Development Division (FDD).
36. **Major Capital Expenditures, $500,000+: Acquisition Means**	1 = Purchase 3 = Donation 2 = Lease 4 = Other
37. **Major Capital Expenditures, Projects over $1,000,000: Projected Total Capital Expenditure**	Estimated final cost of any building project the facility began during the calendar year.

Data item No. Name	Definition
38. **Major Capital Expenditures, Projects over $1,000,000: OSHPD Project Number**	Eight-character alphanumeric OSHPD project number issued by OSHPD's Facilities Development Division (FDD).
39. **Major Capital Expenditures, Projects over $1,000,000: Projected Total Capital Expenditure**	Estimated final cost of any building project the facility began during the calendar year.
40. **Major Capital Expenditures, Projects over $1,000,000: OSHPD Project Number**	Eight-character alphanumeric OSHPD project number issued by OSHPD's Facilities Development Division (FDD).
41. **Financial Data for Calendar Year: Total Charges for all Patients and 3rd Party Payers**	Total charges/fees collected by the facility from all patients and 3rd Party Payers.
42. **Financial Data for Calendar Year: Other Income (Revenue)**	All other revenue from any other source.
43. **Financial Data for Calendar Year: Total Operating Cost**	The direct cost incurred in providing care to patients. Included in operating cost are: salaries and wages, rent or mortgage, employee benefits, supplies, equipment purchase and maintenance, professional fees, advertising, overhead, etc. **DOES NOT INCLUDE START UP COSTS.**
44. **Financial Data for Calendar Year: Net Operating Income (Revenue)**	To determine the Net Operating Income, **add** <u>Total Charges for all Patients and 3rd Party Payers</u> and <u>Other Income (Revenue)</u>. **Subtract** <u>Total Operating Cost</u>. The difference is <u>Net Operating Income</u>.

APPENDIX A

COUNTIES OF CALIFORNIA

CODE NUMBERS AND NAMES

#	Name	#	Name	#	Name
01	Alameda	20	Madera	40	San Luis Obispo
02	Alpine	21	Marin	41	San Mateo
03	Amador	22	Mariposa	42	Santa Barbara
04	Butte	23	Mendocino	43	Santa Clara
05	Calaveras	24	Merced	44	Santa Cruz
06	Colusa	25	Modoc	45	Shasta
07	Contra Costa	26	Mono	46	Sierra
08	Del Norte	27	Monterey	47	Siskiyou
09	El Dorado	28	Napa	48	Solano
10	Fresno	29	Nevada	49	Sonoma
11	Glenn	30	Orange	50	Stanislaus
12	Humboldt	31	Placer	51	Sutter
13	Imperial	32	Plumas	52	Tehama
14	Inyo	33	Riverside	53	Trinity
15	Kern	34	Sacramento	54	Tulare
16	Kings	35	San Benito	55	Tuolumne
17	Lake	36	San Bernardino	56	Ventura
18	Lassen	37	San Diego	57	Yolo
19	Los Angeles	38	San Francisco	58	Yuba
		39	San Joaquin		

<u>APPENDIX B</u>

Annual Utilization Report of Specialty Care Clinics – 1997

(Blank copy of the reporting form)

State of California Health and Welfare Agency
ANNUAL UTILIZATION REPORT OF SPECIALTY CARE CLINICS - **1997**

Surgical, Chronic Dialysis, Rehabilitation, Psychology, ABC Clinics


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┌─────────────────────────────────┐
│       STATE USE ONLY            │
│       Page 0, Line 1            │
│                    Col. 3       │
│  STATUS          _____         │
└─────────────────────────────────┘
```


Return **BY FEBRUARY 15, 1998** to:
Office of Statewide Health Planning
    and Development
Licensed Services Data Section
818 K Street, Rm. 500
Sacramento, CA 95814

Completion of this "Annual Report of Clinics" is required by Section 127285 and Section 1216 of the Health and Safety Code. Failure to complete and file this report by February 15, may result in suspension of the facility's license.

Please refer to the instructions as you complete the form. If you have any questions or need assistance in completing the form, please contact this Section at (916) 322-7422.

I declare the following under penalty of perjury: that I, the current administrator of this health facility, duly authorized by the governing body to act in an executive capacity; that I am familiar with the record keeping system of this facility and the records and logs are true and correct to the best of my knowledge and belief; that I have read this report and am thoroughly familiar with its contents; and that its contents represent an accurate and complete summarization from medical records and logs of the information requested.

_____
Administrator's Name (Please Print)

Name of person completing form and /or contact person for any follow-up questions (Please Print)

_____
Print Title and Department of Person Responsible for the Report

_____
Administrator's Signature

(_____) _____
Area Code   Phone   Ext.

_____
Date

(_____) _____
Area Code   FAX Number

3. (_____) _____
   Area Code   Facility Phone Number

_____

A.   **COMPLETE THIS LINE ONLY IF YOUR FACILITY HAS DELICENSED (CLOSED), WENT INTO SUSPENSE, NEWLY OPENED OR CHANGED LICENSEE/OWNERSHIP IN 1997.**

	Col. 1				Col. 2	
1. FROM			THROUGH			
	Month	Day		Month	Day	

B.   **PATIENTS AND ENCOUNTERS IN THE CALENDAR YEAR**

Please report the total number of individual, underlined patients served and the total number of encounters for these patients. Please refer to the INSTRUCTIONS for further detail.

	PATIENTS (1)	ENCOUNTERS (2)
TOTAL, all locations under this license (Main, Mobile, Satellite, etc.) Line 19		

SURGICAL CLINICS ONLY

Table A

	Line	
If you provided abortion services directly at your clinic, provide the total number of abortions performed	25	
Number of surgical operating rooms on December 31	26	
Total of surgical operations performed during the calendar year	27	

PSYCHOLOGY CLINICS ONLY

Table B*   Enter the number of ENCOUNTERS for the year for the following services:

BREAKDOWN OF ENCOUNTERS BY SERVICE TYPE FOR PSYCHOLOGY CLINICS:	Line	
General Medical	28	
Substance Abuse (alcohol and drug)	29	
Mental Health Counseling	30	
All Other	31	

*The sum of Lines 28 through 31 must equal Line 19, Col. 2 (Total Encounters)

MAJOR CAPITAL EXPENDITURES

The collection of these data in Tables C and D are mandated by Section 127285(c) of the Health and Safety Code, in order to track the effects of CON deregulation since 1984.

List each acquisition of diagnostic or therapeutic equipment over **$500,000** in Table C below.

Table C

| Line | DIAGNOSTIC/THERAPEUTIC EQUIPMENT ACQUIRED | | | MEANS OF ACQUISITION |
	Market Value (1)	OSHPD PROJECT NUMBER (2)	Date of Acquisition	1 = Purchase 2 = Lease 3 = Donation 4 = Other (4)
2				

List the building project(s) your facility commenced during the calendar year in Table D below. List only those which require an aggregate capital expenditure of **$1,000,000**.

Table D

| Line | PROJECTS OVER $1,000,000 COMMENCED DURING THE CALENDAR YEAR | |
	Projected Total Capital Expenditure (1)	OSHPD PROJECT NUMBER (2)
21		
22		

FINANCIAL DATA FOR CALENDAR YEAR

Table E   Please round to the nearest dollar, do not enter cents!

Line		
23	Total Charges for all patients and 3rd party payers	$
24	Other Income (Revenue) from other sources (enter 0 if none)	$
25	Total Operating Cost	$
26	Net Operating Income (Revenue)	$